## F0062 - Page 1 of 1

## OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Registered Agent/Office Statement of Change

## 0062-1-1\*

|               | 1. Foreign Business Trust Name |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
|---------------|--------------------------------|-------------|------|--------|--------|---------|--------|------|-------|-----|-------|-----|--------|-----|-----|-------|-------|-------|---|
| $\Rightarrow$ |                                |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
|               | 2. Name an<br>Secretary o      |             | ddre | ess of | the F  | Registe | ered A | Agen | t an  | d R | legis | ter | ed Off | ice | (as | on fi | le wi | th th | e |
| ⇨             | Name                           |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
| ⇨             | Physical Ad                    | ldress      |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
| $\Rightarrow$ | P.O. Box                       |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
| ⇨             | City, State,                   | Zip5, Zip4  |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
|               | 3. New Reg                     | gistered Ag | ent' | 's Naı | me an  | d Reg   | gister | ed O | ffice | 9   |       |     |        |     |     |       |       |       |   |
| $\Rightarrow$ | Name                           |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
| $\Rightarrow$ | Physical<br>Address            |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
| $\Rightarrow$ | P.O. Box                       |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
| ⇔             | •                              |             |      |        |        |         |        |      |       |     |       |     |        |     |     |       | -     |       |   |
|               | agent, a                       | I           | will | be id  | lentic | al.     |        |      |       |     |       |     |        |     |     |       |       |       |   |
|               | Printe                         | d Name      |      |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |
|               | Tit                            | tle         | _    |        |        |         |        |      |       |     |       |     |        |     |     |       |       |       |   |